



Appendix D: State Test Security Violation Local Education Agency (LEA) Plan of Action

1. Describe test security violation.
2. Indicate all persons involved.
3. Indicate proposed LEA plan of action to address violation and prevent future security violations.
4. Deliver form to the State Test Integrity Coordinator, Office of Data Management and Assessment within **seven** days of the incident at:

DC Office of the State Superintendent of Education
Dr. Tonya Mead, State Test Integrity Coordinator
Email: tonya.mead@dc.gov
Division of Data Management, Assessment and Research
810 First St, NE, 9th floor, Washington, DC 20002

Date: _____ School: _____

LEA: _____ Principal: _____

Date of violation _____ Name of Assessment _____ Test subject: _____

Room #: _____ Indicate Exam Type: ☐ PBA ☐ EOY ☐ Other _____ Grade: _____

No. of students in room: _____ Indicate Modality: ☐ Pencil/Paper ☐ Computer

LEA proposed plan of action to prevent future security violations (add additional pages if necessary):

Person Completing this Form: _____
(Print full name)

Position: _____

Signature: _____

